

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AK</i>	<i>75331</i>	
O.I.P.E. CLASSIFIER		<i>15</i>	<i>7-1-75</i>
FORMALITY REVIEW		<i>66245</i>	<i>10-125-0</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>5-1-75</i>
2	<i>11-1-75</i>
3	<i>11-1-75</i>
4	<i>11-1-75</i>
5	<i>11-1-75</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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